

QUARTERLY STATEMENT

Country of Domicile US Cicensed as business type: Ife, Accident and Health [X] Property/Casualty [] Vision Service Corporation [] Hospital, Medical and Dental Service or Indemnity [] Property/Casualty [] Vision Service Corporation [] Hospital, Medical and Dental Service or Indemnity [] Is HMO Federally Qualified? Yes () No () Commenced Business May 4, 2011 Commenced Business May 4, 2011 Statutory Home Office 100 Congress Avenue Suite 1100, Austin, Texas, US 78701 (Street and Number, City or Town, State, Country and Zip Code) Main Administrative Office 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number or P. O. Box, City or Town, State, Country and Zip Code) Wail Address 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number or P. O. Box, City or Town, State, Country and Zip Code) Primary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Minimary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Minimary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Minimary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Minimary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code)		OF THE CONDITION AND AFFAIRS O)F THE	
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Country of Domicile US Country of Domicile US Life, Accident and Health [X]	·	NAIC Company Code 14063	Employer's ID Number <u>522459969</u>	
Country of Domicile US Licensed as business type: Life, Accident and Health [X]	, , , , , , , , , , , , , , , , , , , ,	21.1.15		
Licensed as business type: Life, Accident and Health [X] Dental Service Corporation [] Is HMO Federally Qualified? Yes () No () 1 Commenced Business May 4, 2011 Commenced Business May 4	Organized under the Laws of <u>Texas</u>	, State of Dor	micile or Port of Entry Texas	
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Dental Service Corporation [] Is HMO Federally Qualified? Yes () No ()] Is HMO Federally Qualified? Yes () No ()] Ommenced Business May 4, 2011 Commenced Business May 4, 2011 Statutory Home Office 100 Congress Avenue Suite 1100, Austin, Texas, US 78701 (Street and Number, City or Town, State, Country and Zip Code) Main Administrative Office 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number or P. O. Box, City or Town, State, Country and Zip Code) Primary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Primary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Internet Website Address 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Internet Website Address 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Internet Website Address 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Internet Website Address 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) (Street and Number, City or Town, State, Country and Zip Code) (Street and Number, City or Town, State, Country and Zip Code) (Street and Number, City or Town, State, Country and Zip Code) (Street and Number, City or Town, State, Country and Zip Code) (Street and Number, City or Town, State, Country and Zip Code) (Street and Number, City or Town, State, Country and Zip Code) (Street and Number, City or Town, State, Country	Licensed as business type:			
Statutory Home Office 100 Congress Avenue Suite 1100, Austin, Texas, US 78701 Main Administrative Office 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 800-494-6262 (Street and Number, City or Town, State, Country and Zip Code) (Avea Code) (Telephone Number) Mail Address 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number or P. O. Box, City or Town, State, Country and Zip Code) Primary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Primary Location of Books and Records 200 West Cypress Creek Road Suite 500, Fort Lauderdale, Florida, US 33309 (Street and Number, City or Town, State, Country and Zip Code) Internet Website Address www.mcna.net Statutory Statement Contact Edward Strongin (Name) (Area Code) (Telephone Number) (Extension) 954-364-7022 (E-Mail Address) (F-Mail Address) (F-	Life , Accident and Health [X] Dental Service Corporation [] Health Maintenance Organization [] Is HMO Fed	Vision Service Corporation []		mnity []
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Statutory Statement Contact Edward Strongin (Name) (Remainder) (Name) (Remainder) (Remaind		(Street and Number or P.O. Box, City or To	own, State, Country and Zip Code)	
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	JEFFREY FEINGOLD (PRESIDENT/CE CARLOS LACASA (SECRETARY)	0)	GLEN FEINGOLD (CHIEF OPERATING OFFICER) EDWARD STRONGIN (TREASURY)	

DIRECTORS OR TRUSTEES

JEFREY FEINGOLD, DDS
GLEN FEINGOLD
BARBARA FEINGOLD
CARLOS LACASA
GARY CLARKE
ALBERT HAWKINS
JACK GREENMAN, CPA
SAM HAMMER, CPA

State of _	Florida	_
County of	Broward	SS
		- •

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

JEFFREY FEINGOLD, DDS PRESIDENT/CEO	GLEN FEINGOLD CHIEF OPERATING OFFICER		CARLOS LACASA SECRETARY
Subscribed and sworn to before me this	a. Is t	this an original filing?	Yes (X) No ()
day of	b. If n	no: 1. State the amendment number	·
		2. Date filed	
		3. Number of pages attached	

ASSETS

		1			
			Current Statement Dat		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1.	Bonds	110 001 614		110 001 614	107 126 142
2.	Stocks:	112,021,014		112,021,014	1 107 , 130 , 143
۷.	2.1 Preferred stocks	2 522 260		2 522 260	1 752 040
2	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
,	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$				
	4.2 Properties held for the production of income (less \$	1			
_	4.3 Properties held for sale (less \$				
5.	Cash (\$ 14,952,918) , cash equivalents (\$ 4,261,418) and short-term investments (\$ 1,175,031)	20,389,367		20,389,367	61,796,030
6.	Contract loans (including \$ premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Line 1 through Line 11)	135,743,350		135,743,350	170,685,221
13.	Title plants less \$				
14.	Investment income due and accrued	954,599		954,599	839,493
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	35,056,342		35,056,342	4,285,131
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$				
	15.3 Accrued retrospective premiums (\$				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$)	422,812	422,812		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	452,368	452,368		
24.	Health care (\$) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets	8,241,912	8,241,912		
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	180,871,384	9,117,092	171,754,292	175,809,846
07	5 0 14 10 0 14 15 15 15 16 16				
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	Totals (Line 26 and Line 27)	180,8/1,384	9,117,092	1/1,/54,292	1/5,809,846
	LS OF WRITE-INS				
1102.					
1198.	Summary of remaining write-ins for Line 11 from overflow page Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2502.	Prepaids Security Deposit	39,503	39,503		
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	δ,241,912	8,241,912		

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ 12,582,626 reinsurance ceded)	31,765,198		31,765,198	26,256,022
2.	Accrued medical incentive pool and bonus amounts.				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$				1,276,268
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued.	12,933,765		12,933,765	8,352,302
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
10.2	Net deferred tax liability				
11. 12.	Ceded reinsurance premiums payable				
13.	Remittances and items not allocated				
14.	D 1 (1 1 1 1 1 1 1 1 1				
	(including \$				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities	,		· ·	
18. 19.	Payable for securities lending				
18.	Funds held under reinsurance treaties (with \$	12,582,626		12,582,626	12,255,596
20.	Reinsurance in unauthorized and certified (\$) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$				
24.	Total liabilities (Line 1 to Line 23)				
25.	Aggregate write-ins for special surplus funds Common capital stock	XXX	XXX	2,000,000	
26. 27.	Preferred capital stock	XXX	XXX	2,000,000	
28.	Gross paid in and contributed surplus	XXX	XXX	28,000,000	
29.	Surplus notes .	XXX	XXX	20,000,000	
30.	Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	82,024,165	
32.	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26 \$)	XXX	XXX		
	32.2shares preferred (value included in Line 27 \$)	XXX	XXX		
33.	Total capital and surplus (Line 25 to Line 31 minus Line 32)	XXX	XXX	112,024,165	125,082,037
34.	Total Liabilities, capital and surplus (Line 24 and Line 33)	XXX	XXX	171,754,292	175,809,846
DETAI	LS OF WRITE-INS				
2301.					
2302. 2303.					
2398. 2399.	Summary of remaining write-ins for Line 23 from overflow page. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				
2501. 2502.		XXX	XXX XXX		
2503.	Summary of remaining write-ins for Line 25 from overflow page	XXX XXX XXX	XXX XXX XXX		
	Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	χχχ	XXX		
3001.		XXX	XXX		
3002. 3003.		XXX XXX	X X X X X X		
3098. 3099.	Summary of remaining write-ins for Line 30 from overflow page. Totals (Line 3001 through Line 3003 plus Line 3098) (Line 30 above)	XXX XXX	X X X X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year to Date		Prior Year to Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months	XXX	34,282,402	29,003,209	39,660,443
2.	Net premium income (including \$non-health premium income)	XXX	546,084,830	440,526,509	602,846,481
3.	Change in unearned premium reserves and reserve for rate credits	XXX	500,524	(5,229,363)	(7,931,761)
4.	Fee-for-service (net of \$medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Line 2 to Line 7)	XXX	546,585,354	435,297,146	594,914,720
	l and Medical: Hospital/medical benefits.		594,035,868	502,171,402	684,130,722
10.	Other professional services				
11.	Outside referrals				
	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts		1,687,500	2,025,121	2,587,621
16.	Subtotal (Line 9 to Line 15)		595,723,368	504, 196, 523	686,718,343
Less: 17.	Net reinsurance recoveries		162,245,072	160,945,458	213,767,338
	Total hospital and medical (Line 16 minus Line 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$				
21.	General administrative expenses.		104,045,935	78,924,424	106,967,116
	Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23.	Total underwriting deductions (Line 18 through Line 22)		537,524,231	422,175,489	579,918,121
24.	Net underwriting gain or (loss) (Line 8 minus Line 23)	XXX	9,061,123	13, 121,657	14,996,599
25.	Net investment income earned		2,709,960	1,821,457	2,187,097
26.	Net realized capital gains (losses) less capital gains tax of \$		(495, 251)	(91,887)	(173,961)
27.	Net investment gains (losses) (Line 25 plus Line 26)		2,214,709	1,729,570	2,013,136
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
	Aggregate write-ins for other income or expenses				
	Net income or (loss) after capital gains tax and before all other federal income taxes. (Line 24 plus Line 27 plus Line 28 plus Line 29)	XXX	1	14,851,226	
	Federal and foreign income taxes incurred	XXX			
32.	Net income (loss) (Line 30 minus Line 31)	XXX	11,275,833	14,851,226	17,009,736
	ILS OF WRITE-INS	XXX			
0601. 0602. 0603.		XXX XXX			
0698 0699	Summary of remaining write-ins for Line 6 from overflow page	XXX XXX			
0701		XXX			
0702 0703		XXX XXX			
0798		XXX XXX			
1401					
1402. 1403. 1498.					
1499					
2901 2902					
2903 2998			l		
	Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)				

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE MCNA INSURANCE COMPANY

STATEMENT OF REVENUE AND EXPENSES (continued)

		1	2	3
	CAPITAL AND SURPLUS ACCOUNT		Prior Year To Date	Prior Year Ended December 31
33.	Capital and surplus prior reporting year	125,082,037	121,434,817	121,434,817
34.	Net income or (loss) from Line 32	11,275,833	14,851,227	17,009,735
35.	Change in valuation basis of aggregate policy and claims reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	(2,409,186)	801,902	430,124
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets.	(6,924,519)	(2,391,165)	1,207,362
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Tranferred from capital			
46.	Dividends to stockholders.	(15,000,000)	(15,000,000)	(15,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Line 34 to Line 47)	(13,057,872)	(1,738,036)	3,647,220
49.	Capital and surplus end of reporting period (Line 33 plus Line 48)	112,024,165	119,696,781	125,082,037
DET	AILS OF WRITE-INS			
4701				
4702				
4703				
4798	. Summary of remaining write-ins for Line 47 from overflow page			
4799	. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

CASH FLOW

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance			616,355,249
Net investment income Miscellaneous income			2,550,515
4. Total (Line 1 through Line 3)		461,038,268	618,905,764
5. Benefit and loss related payments	428 027 587	357,003,407	A77 Q13 2A2
Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions			
Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$			
. Total (Line 5 through Line 9)		441,608,722	584,256,287
1. Net cash from operations (Line 4 minus Line 10)	(17,248,408)	19,429,546	34,649,477
Cash from Investments			
Proceeds from investments sold, matured or repaid: 12.1 Bonds		23,750,336	32,026,946
12.2 Stocks		316,489	
12.4 Real estate			
12.6 Net gains or (losses) on cash, cash equivalants and short-term investments 12.7 Miscellaneous proceeds		(690)	
12.8 Total investment proceeds (Line 12.1 through Line 12.7)		24,066,135	
Cost of investments acquired (long-term only): 13.1 Bonds		2,278,397	2,216,199
13.3 Mortgage loans 13.4 Real estate			
13.5 Other invested assets 13.6 Miscellaneous applications			
13.7 Total investments acquired (Line 13.1 through Line 13.6)			
Net increase or (decrease) in contract loans and premium notes			
5. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(9,485,286)	(24,783,844)	(26,793,893
Cash from Financing and Miscellaneous Sources			
Cash provided (applied): 16.1 Surplus notes, capital notes 16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds 16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders 16.6 Other cash provided (applied)			15.000.000
7. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Li		, ,	
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	, , , , ,		
Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(41,406,663)	(24,276,165)	(9,128,230
Cash , cash equivalents and short-term investments:			(-) -)
19.1 Beginning of year 19.2 End of period (Line 18 plus Line 19.1)			
ote: Supplemental disclosures of cash flow information for non-cash transactions:			
0.0001			
).0002).0003			
).0004).0005			
). 0006). 0007			
0.008 0.009			
0.0010			

	1	Comprehensive (H	ospital and Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,558,642								3,558,642	
2. First Quarter	3,817,729								3,817,729	
3. Second Quarter	3,802,227								3,802,227	
4. Third Quarter	3,825,099								3,825,099	
5. Current Year										
6. Current Year Member Months	34,282,402								34,282,402	
Total Member Ambulatory Encounters for Period:										
7. Physician.										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions.										
12. Health Premiums Written (a)	702,648,914								702,648,914	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	588, 199, 662								588,199,662	
18. Amount Incurred for Provision of Health Care Services	595,723,368								595,723,368	

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE MCNA INSURANCE COMPANY

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Individually listed claims unpaid		5 156 138		629,541	724 266	AA 3A7 823
0199999 - Individually listed claims unpaid		5,156,138	1,669,849	629,541	724,266	44,347,823
0499999 - Subtotals		5,156,138	1,669,849	629,541		44,347,823
0799999 - Total claims unpaid						44,347,823
0899999 - Accrued medical incentive pool and bonus amounts						2,028,629

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid	Year to Date	Liability End of Current Quarter		Date Liability End of Current Quarter 5			6 Estimated Claim
	1	2	3	4		Reserve and Claim		
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 plus 3)	Liability December 31 of Prior Year		
Comprehensive (hospital and medical)								
Medicare Supplement								
3. Dental only								
4. Vision only								
Federal Employees Health Benefits Plan								
6. Title XVIII - Medicare								
7. Title XIX - Medicaid	27,567,891	398,713,728			27,567,891			
8. Other health								
9. Health subtotal (Line 1 to Line 8)	27,567,891	398,713,728			27,567,891	26,256,022		
10. Health care receivables (a)								
11. Other non-health								
12. Medical incentive pools and bonus amounts	2,246,492		341,129		2,587,621	2,587,621		
13. Totals (Line 9 minus Line 10 plus Line 11 plus Line 12)	29,814,383	398,713,728	341,129			28,843,643		

⁽a) Excludes \$loans or advances to providers not yet expensed.

1. Summary of Significant Accounting Polices

A) Accounting Practices

MCNA Insurance Company ("Company") prepares its financial statements in accordance with accounting and reporting practices prescribed by the National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, which was adopted by the Texas Department of Insurance, and constitutes what is referred to as the Statutory Basis of Accounting. Such accounting and reporting is significantly different than generally accepted accounting principles (GAAP) in the United States; and therefore, the accompanying financial statements do not intend to present financial position, results of operations, and cash flows in accordance with GAAP.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Texas is shown below:

NET INCOME	SSAP#	F/S Page	F/S Line #	<u>2018</u>	<u>2017</u>
(1) MCNA Insurance Company state basis				\$ 11,275,833	\$ 17,009,736
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: None					
(3) State Permitted Practices that increase/(decrease) NAIC SAP: None					
(4) NAIC SAP (1-2-3=4)				\$ 11,275,833	\$ 17,009,736
SURPLUS					
(5) MCNA Insurance Company state basis				\$ 112,024,165	\$ 125,082,037
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: None					
(7) State Permitted Practices that increase/(decrease) NAIC SAP: None					
(8) NAIC SAP (5-6-7=8)				\$ 112,024,165	\$ 125,082,037

B) Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions concerning dental costs, investment valuation and other factors that affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities as of the date of the statement of admitted assets, liabilities, capital and surplus, and the revenues and expenses for the nine months ended September 30, 2018. Such estimates are based on historical experience and other assumptions that are considered appropriate in the circumstances. However, actual results could differ from those estimates and these differences may be material.

C) Accounting Policies

Based on the Company's contracts with various Medicaid agencies, capitation fees are recorded as revenue except for those deemed to be advances under the terms of the contract. Advance premiums are reflected as unearned and recognized as revenue when earned. For the nine months ended September 30, 2018, the Company recorded net capitation fees of \$546,084,830, inclusive of reinsurance experience refund.

In addition, the Company uses the following accounting polices:

- (1) Short-term investments consist of liquid investments, with maturity dates of one year or less at the time of acquisition and are stated at fair market value.
- (2) Bonds are stated at fair market value.
- (3) The Company does not have any investments in common stocks.
- (4) Preferred stocks are stated at fair market value.
- (5) The Company does not have any investments in mortgage loans on real estate.
- (6) The Company does not have any investments in loan-backed securities.
- (7) The Company does not have any investments in subsidiaries, controlled and affiliated entities.
- (8) The Company does not have any investments in joint ventures, partnerships, and limited liability companies.
- (9) The Company does not have any investments in derivatives.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) The Company records the cost of services provided by the dentists and specialists in its network based on actual fee-for-service claims submitted, plus an estimate for the cost of services incurred but not reported. For the nine months ended September 30, 2018, the Company's cost for dental services was \$595,723,368 before amounts ceded to reinsurer of \$162,245,072.
 - At Year end, the Company's estimate for the cost of dental services incurred but not reported is computed by an independent actuary using standard actuarial methodologies. While management believes the amounts for such liabilities are adequate, these liabilities are based on assumptions and estimates with the ultimate liability being in excess of or less than the amount provided.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company does not have any pharmaceutical rebates receivable.
- D) Going Concern Not applicable

2. Accounting Changes and Correction of Errors

This note is not applicable to the Company.

3. Business Combinations and Goodwill

This note is not applicable to the Company.

4. Discontinued Operations

This note is not applicable to the Company.

5. Investments

- A. The Company does not have any Mortgage loans, including Mezzanine Real Estate Loans.
- B. The Company does not have any Debt Restructuring.
- C. The Company does not have any Reverse Mortgages.
- D. The Company does not have any Loan-Backed Securities.
- E. The Company does not have any Repurchase Agreements and/or Securities Lending Transactions.
- F. The Compnay does not own any Repurchase Agreements Transactions Accounted for as Secured Borrowing.
- G. The Company does not own any Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing.
- H. The Company does not own any Repurchase Agreements Transactions Accounted for as a Sale.
- I. The Company does not own any Reverse Repurchase Agreements Transactions Accounted for as a Sale.
- J. The Company does not own any Real Estate.
- K. The Company does not have any investments in low-income housing tax credits (LIHTC).

L. Restricted Assets

The Company normally maintains US Treasury Notes in the amount of \$2,397,568, held by the Texas Treasury Safekeeping Trust, for the restricted benefit of the Commissioner of Insurance for the State of Texas. This amount is included in total admitted assets and comprises 1.40% of total admitted assets.

The company also maintains approximately \$300,000 restricted assets as listed below.

(1) Restricted Assets (Including Pledged)

		1	2	3	4	5	6	7
	Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Year	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admiteed Restricted in Total Admitted Assets (b)
a.	Subject to contractual obligation for which							
b.	liability is not shown Collateral held under security leding agreements	\$ -	-	-	\$ -	-	-	-
c.	Subject to repurchase agreements	_	_	_	_	-	_	-
d.	Subject to reverse repurchase agreements	_	_	_	_	_	_	_
e.	Subject to dollar repurchase agreements	_	_	_	_	-	_	-
f.	Subject to dollar reservse repurchase agreements	_	_	_	_	-	_	-
g.	Placed under option contracts	_	-	-	-	-	_	-
h.	restricted as to sale - excluding FHLB capital stock	-	-	-	_	_	_	-
i.	FHLB capital stock							
j.	On deposit with states	2,397,568	2,400,000	(2,432)	-	2,397,568	1.3%	1.4%
k.	On deposit with other regulatory bodies	-	-	_	-	-		
I.	Pledged as collateral to FHLB (including assets backing funding agreements)							
m.	Pledged as collateral not captured in other categories	_	_	-	-	_		
n.	Other restricted assets	300,141	300,281	(140)	_	300,141	0.2%	0.2%
0.	Total Restricted Assets	\$ 2,697,709	\$ 2,700,281	\$ (2,572)	\$ -	\$ 2,697,709	1.5%	
	(a) Column 1 divided by As (b) Column 5 divided by As							

- (2) This note is not applicable to the Company.
- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics. Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

	1	2	3	4	5	6
						Percentage Admitted
		Total Gross		Total Current	Percentage	Restricted
	Total Gross	Restricted	Increase/	Year	Gross	to Total
	Restricted from	From Prior (Decrease)		Admitted	Restricted to	Admitted
Description of Assets	Current Year	Year	(1 minus 2)	Restricted	Total Assets	Assets
Certificate of Deposit for Arkansas	\$ 100,000	\$ 100,000	-	\$ 100,000	0.056%	0.059%
U.S. Treasury Notes for Nevada	\$ 200,141	\$ 200,281	(140)	\$ 200,141	0.112%	0.118%
	-	-	-	-		
Total	\$ 300,141	\$ 300,281	\$ (140)	\$ 300,141	0.168%	0.177%

- (4) This note is not applicable to the Company
- M. The Company does not have working capital finance investments.
- N. The Company does not have any Offsetting and Netting Assets and Liabilities
- O. The Company does not have any Structured Notes.
- P. The Company does not have any 5* Securities.
- Q. The Company does not have any Short Sales.
- R. The Company does not have any Prepayment Penalty and Acceleration Fees.

6. Joint Ventures, Partnerships and Limited Liability Companies

This note is not applicable to the Company.

7. Investment Income

- A. All investment income due and accrued with amounts that are over 90 days past due are excluded (nonadmitted) from surplus.
- B. The Company did not exclude any investment income.

8. Derivative Instruments

This note is not applicable to the Company.

9. Income Taxes

The Company is a wholly-owned subsidiary of MCNA Health Care Holdings, LLC. Qualified S Corporation Subsidiary (Q Sub) elections have been filed for the Company and its affiliates, and accepted by Internal Revenue Service. Accordingly, the Company and its affiliates Managed Care of North America, Inc. and MCNA Systems Corp, which are considered disregarded entities for Federal income tax purposes, will file a consolidated return with their common parent. Under provisions of Subchapter S of the Internal Revenue Code, in lieu of corporate income tax expense or benefit, the stockholder(s) of an S Corporation report their proportionate share of the Company's taxable

income or loss. Additionally, an S Corporation is normally not subject to state taxes or state filing requirements. Therefore, no provision or liability for federal or state income tax expense nor any deferred tax benefit or liability is included in the statutory financial statements. No elections have been made regarding admitting deferred tax assets nor has there been any deferred income tax effect on the Company's capital and surplus.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. The Company is affiliated with Managed Care of North America, Inc. through their common parent MCNA Health Care Holdings, LLC.
- B. The Company has approved management services agreements with parent MCNA Health Care Holdings, LLC. The Company also entered into dental administrative services agreements with its affiliate, Managed Care of North America, Inc., for third-party administration as well as other delegated services, based upon requirements of each line of business.
- C. During the nine months ended September 30, 2018, the Company paid approximately \$10,500,000 in fees to its parent under the aforementioned management services agreement, based on a percentage of revenue.

For the nine months ended September 30, 2018, the Company paid approximately \$46,200,000, net of allocations, for dental administrative service fees to its affiliate, based on per-member per-month (PMPM) charges.

There were no changes in terms to previously existing agreements from that used in the preceding period. Separate agreements will cover services required for the Company's most recent lines of business.

- D. As of September 30, 2018, we had a balance due from related parties of approximately \$450,000, which was for payment of various operating expenses advanced through the reporting period.
- E. The Company has no guarantees or undertakings, written or otherwise.
- F. The Company's only related-party agreements are those that are discussed above in Section B and C of this note.
- G. All outstanding shares of the Company are owned by its parent, MCNA Health Care Holdings LLC, which is domiciled in the State of Florida.
- H. The Company has no investment in any upstream entity, either directly or indirectly.
- I. The Company has no investments in Subsidiary, Controlled or Affiliated (SCA) entities.
- J. The Company has no investments in any SCA entity, impaired or otherwise.
- K. The Company has no investments in a foreign insurance subsidiary.
- L. The Company has no investments in a downstream non-insurance holding company.

- M. The Company has no investments in Subsidiary, Controlled or Affiliated (SCA) entities.
- N. The Company has no invesments in an insurance SCA.

11. Debt

This note is not applicable to the Company.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. The Company does not have a defined benefit plan.
- B. This note is not applicable to the Company.
- C. This note is not applicable to the Company.
- D. This note is not applicable to the Company.
- E. The Company's employees participate in a 401(k) "safe harbor" plan ("the Plan") established during 2012 and sponsored by the parent company (MCNA Health Care Holdings, LLC). Eligible employees are permitted to defer compensation up to IRS limitations based on their age at the end of each plan year. The Plan offers a "safe harbor" matching contribution equal to the minimum of the sum of 100% of the first 3% of annual compensation plus an additional 50% of the next 2% based on amount of compensation the employee contributes to the Plan. The Company has expensed an estimated \$17,000 associated with the anticipated matching portion of the Plan for year ending December 31, 2018.
- F. The Company does not have multiemployer plans.
- G. See Note 12E above.
- H. The Company's post employment benefits for compensated absences are immaterial.
- I. Not applicable to the Company.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 1,000,000 common shares authorized and 700,000 shares issued and outstanding with capital stock of \$2,000,000.
- (2) The Company has no preferred shares outstanding.
- (3) Pursuant to Texas Insurance Code Section 403.001, the Company may not pay a dividend except from surplus profits arising from the business.
- (4) On August 30, 2018 the Company, with acknowledgment from Texas Department of Insurance, issued a dividend payment of \$15,000,000 to its parent.
- (5)

- (5) The Company may make distributions to its parent to pay income taxes, if any, arising out of pass-through income. Distributions in excess of those necessary for taxes require approval of reinsurer and Holding Company (Parent) lender.
- (6) There are no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not applicable.
- (8) There are no amounts of stock held for special purposes.
- (9) Not applicable.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses was approximately \$2,700,000 for unrealized losses as of September 30, 2018.
- (11) The Company has no surplus notes.
- (12) Not applicable.
- (13) Not applicable.

14. Liabilities, Contingencies, and Assessments

- A. The Company has no material contingent liabilities.
- B. The Company has not been advised of any assessments other than that described in 14 F below.
- C. The Company has no gain contingencies. See 14 F below
- D. The Company has no extra contractual obligations or bad faith losses stemming from lawsuits.
- E. The Company has no joint and several liabilities.
- F. In addition to the Company's dependency on its major State Medicaid contracts, it is a regulated entity under Texas, Louisiana, Iowa, Idaho, Nebraska, Arkansas, and Utah Insurance Codes, where we currently operate, and as such is subject to, among other things, changes in initiatives to increase healthcare regulations and restrict insurance pricing and the application of underwriting standards.

Data gathering and audit testing has started for the Agency's SFY 2016 year review. Final report and audit findings, including Company responses with disagreement where applicable, have been submitted to the agency for SFY 2015. The Agency's OIG is in process of collecting and reviewing data for the period SFY 2017 through Q2 2018. There is no material pending or threatened legal action against the Company. The likelihood or outcome of current or future suits cannot be accurately predicted. In addition, the potential for increased liability for negligence arising from claim adjudication, along with increased litigation that has accompanied negative publicity and public perception of the industry, adds to this uncertainty. Although there are no assets considered to be impaired, such legal actions or

government audits and investigations could have an adverse effect on the Company's financial position, results of operations or cash flows.

15. Leases

A. Lessee Operating Lease

- (1) The Company has non-cancelable leases for office facilities in San Antonio, Texas; Metarie, Louisiana; Lincoln, Nebraska; and Little Rock, Arkansas that provide for base monthly rent with annual increases plus pro-rata share of common area maintenance through April 2022 for the San Antonio, Lincoln, and Little Rock leases and through 2019 for the Metarie lease. Rent expense for the nine months ended September 30, 2018, and September 30, 2017 was approximately \$670,000, and \$592,000 respectively.
- (2) At January 1, 2019, the minimum aggregate rental commitments under these leases are as follows:

Years Ending	Operating
December 31,	Leases
2019	910,848
2020	871,063
2021	895,863
2022	346,405
2023	-
	\$ 3,024,179

B. The Company has no lessor arrangements.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Financial instruments which potentially subject the Company to concentrations of credit risk consist principally of cash deposits in excess of the Federal Deposit Insurance Corporation's insured limit of \$250,000. The Company generally limits exposure by placing deposits with several quality financial institutions. However, at September 30, 2018 such cash balances exceeded insured amounts of cash at the Company's primary banks and investment accounts by approximately \$19,300,000 and \$3,300,000, respectively.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

This note is not applicable to the Company.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plan

This note is not applicable to the Company.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

This note is not applicable to the Company.

20. Fair Value Measurements

Generally accepted accounting principles require that certain assets and liabilities be measured at fair market value while allowing the option to carry certain other assets and liabilities that were not previously measured at fair value at their previous carrying value. In this connection, fair value measurements establish a hierarchy to prioritize the computation of fair value. Such hierarchy consists of a) - valuations based on quoted prices in active markets for identical assets or liabilities (Level 1), b) - valuations based on observable quoted prices for similar assets and liabilities in active markets (Level 2), and c) - valuations based on inputs that are unobservable and are supported by little or no market activity, therefore, requiring management's best estimate of what market participants would use as fair value (Level 3). The Company valued all its investments at September 30, 2018 as Level 1.

A.

- (1) Fair Value at Reporting Date
- (2) The Company had no Level 3 investments. The Company had no transfers into or out of Level 3 during the nine months ended September 30, 2018.
- (3) The Company had no Level 2 or Level 3 investments.

	(1)	(2)	(3)	(4)	(5)
	Description	(Level 1)	(Level 2)	(Level 3)	Total
a. Ass	sets at Fair Value				
Pe	rpetual Preferred Stock				
	Industrial and Misc	2,532,369	-	_	2,532,369
	Parent, Subsidiaries & Affiliates	-	-	_	-
	Total Perpetual Preferred Stock	2,532,369	-	-	2,532,369
Во	nds				
	U. S. Government	30,254,385	-	-	30,254,385
	Industrial and Misc	82,567,229	-	-	82,567,229
	Hybrid Securities	-	-	_	-
	Parent, Subsidiaries & Affiliates	-	-	-	-
	Total Bonds	112,821,614	-	-	112,821,614
Co	mmon Stock				
	Industrial and Misc	-	-	_	-
	Parent, Subsidiaries & Affiliates	-	-	-	-
	Total Common Stock	-	-	-	-
De	rivative assets				
	Interest rate contracts	-	-	-	-
	Foreign exchange contracts	-	-	-	-
	Credit contracts	-	-	-	-
	Commodity futures contracts	-	-	_	-
	Commodity forward contracts	-	-	-	-
	Total Derivatives	-	-	-	-
Se	parate account assets	-			
	tal Assets at Fair Value	115,353,983	-	-	115,353,983
b. Lia	bilities at Fair Value				
-	rivative liabilities				
	Derivative liabilities	-	_	-	-
	Total Derivatives	-	-	-	-
То	tal Liabilities at Fair Value	-	-	_	_

(4) The Company had no derivative assets and liabilities during the nine months ended September 30, 2018.

- B. Not required.
- C. Fair Value Level

Type of Financial Investment	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 112,821,614	\$ 112,821,614	\$ 112,821,614	-	-	-
Common Stock	-	-	-	-	-	-
Perpetual Preferred Stock	2,532,369	2,532,369	2,532,369	-	-	-
Mortgage Loans	-	-	-	-	-	-

D. This note is not applicable to the Company

21. Other Items

- A. The Company has no unusual or infrequent items report.
- B. The Company has no troubled debt restructuring.
- C. Other Disclosures none
- D. The Company has not had any business interruption insurance recoveries.
- E. The Company has not been involved in state transferable tax credits.
- F. The Company has not had any subprime-mortgage-related risk exposure.
- G. The Company has no retained assets.
- H. The Company has no Insurance-Linked Securities (ILS).

22. Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through November 12, 2018 for the statutory statement issued on November 13, 2018.

There were no Type I subsequent events.

<u>Type II – Non-recognized Subsequent Events:</u>

Subsequent events have been considered through November 12, 2018 for the statutory statement issued on November 13, 2018.

There were no Type II subsequent events

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes (X) No ()	
В.	ACA fee assessment payble for the upcoming year	\$ 15,640,893	\$ -
C.	ACA fee assessment paid	\$ -	\$ -
D.	Premium written subject to ACA 9010 assessment	\$ 816,810,206	\$ -
E.	Total Adjusted Capital before surplus adjustment	\$ 125,082,037	
	(Five-Year Historical Line 14)		
F.	Total Adjusted Capital after surplus adjustment	\$ 109,441,144	
	(Five-Year Historical Line 14 minus 22B above)		
G.	Authorized Control Level	\$ -	
	(Five-Year Historical Line 15)		
Н.	Would reporting the ACA assessment as of December 31, 2016, have triggered an RBC action level (YES/NO)?	Yes () No (X)	

23. Reinsurance

In February 2012, the Company signed a Risk Premium Reinsurance Agreement with a reinsurance company ("the Reinsurer"). The agreement indemnifies the Company for an agreed upon quota share of dental insurance risk assumed by the Reinsurer under the terms and conditions as set forth in its contracts. During the nine months ended September 30, 2018, the Company ceded to the reinsurer premiums of \$184,682,042 and claims costs of \$162,245,072. After its experience refund, the Company incurred and paid \$1,179,425 of net reinsurance expense.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

If yes, give full details.

(2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes () No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured polices?

Yes () No (X)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.

Not Applicable

(2) Have any new agreements been executed or existing agreements amended, since January 1st of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?

- B. Not applicable to the Company.
- C. Not applicable to the Company.
- D. Not applicable to the Company.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

In connection with the Company's contract with HHSC, it is obligated to pay an Experience Rebate if net income before taxes is greater than a graduated percentage of total revenues for any state fiscal year period. Pre-tax net income to revenues less than 3% is maintained 100% by the Company, with each increasing percentage lowering the Company's share and increasing HHSC share, up to 12%. All pre-tax net income above 12% is rebated 100% to the agency. As of September 30, 2018, the Company has recorded zero experience rebate liability due to the anticipation of not having a financial obligation for the most recent State Fiscal Year.

- A. Not applicable to the Company.
- B. Not applicable to the Company.
- C. Not applicable to the Company.
- D. Not applicable to the Company.
- E. See Note 14 F and Note 22.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Net incurred claims reserve was \$26,256,022 as of December 31, 2017. During the nine months ended September 30, 2018, \$27,567,891 has been paid for incurred claims and claim adjustment expenses attributable to prior years. As a result of re-estimation of unpaid claims and claim adjustment expenses, no reserves remain for prior years. There have been no additional premiums or return premiums accrued as a result of prior year effects. Accordingly, there was \$1,311,869 of unfavorable prior-year's reserves applied during 2018. Original estimates are adjusted as additional information becomes known regarding individual claims and the market in which the Company operates.
- B. The Company had no significant changes in methodologies or assumptions.

26. Intercompany Pooling Arrangements

The Company is not part of a group of affiliated insurers that utilizes a pooling arrangement.

27. Structured Settlements

This note is not applicable to the Company.

28. Health Care Receivables

This note is not applicable to the Company.

29. Participating Policies

The Company did not have any participating polices.

30. Premium Deficiency Reserves

This Company did not have any premium deficiency reserves.

31. Anticipated Salvage and Subrogation

There is no salvage or subrogation to disclose.

GENERAL INTERROGATORIES PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material tra Model Act?	nsactions requiring the filing of Disclosure of	Material Trans	actions with the State	of Domicile, as	required by the	Yes () No (X)	
1.2	If yes, has the report been filed with the domiciliary	state?					Yes () No (,	
2.1	Has any change been made during the year of this	statement in the charter, by-laws, articles of	incorporation	, or deed of settlemen	t of the reporting	g		W	
2.2	entity?						Yes () No (X)	
2.2	If yes, date of change:							••	
3.1	Is the reporting entity a member of an Insurance H is an insurer?	olding Company System consisting of two or r	nore affiliated	persons, one or more	of which		Yes (X) No ()	
	If yes, complete Schedule Y, Parts 1 and 1A.								
3.2	Have there been any substantial changes in the organization)				Yes () No (X)	
3.3	If the response to 3.2 is yes, provide a brief descri	ption of those changes.							
3.4	Is the reporting entity publicly traded or a member	of a publicly traded group?					Yes () No ()	
3.5	If the response to 3.4 is yes, provide the CIK (Cer	tral Index Key) code issued by the SEC for the	ne entity/grou	p.					
4.1	Has the reporting entity been a party to a merger of	r consolidation during the period covered by t	his statement	?			Yes () No (X)	
4.2	If yes, provide the name of entity, NAIC Company the merger or consolidation.	Code, and state of domicile (use two letter s	tate abbreviat	ion) for any entity that	has ceased to	exist as a result of			
	1 Name of Entity			2 NAIC Company Code		3 State of D	omicile		
5.	If the reporting entity is subject to a management a have there been any significant changes regarding			g general agent(s), a	torney-in-fact,	or similar agreement,	Yes () No (X)	N/A ()	
	If yes, attach an explanation								
6.1	State as of what date the latest financial examinati		•				12/31/2015		
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015								
6.3	This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/04/2017								
6.4	By what department or departments?								
6.5	Texas Department of Insurance Have all financial statement adjustments within the I	atest financial examination report been account	inted for in a c	uheaquant financial et	atament filed				
0.0	with Departments?	atest iinanoiai examination report been accou	iliteu ioi ili a s	ubsequent iinanciai sti	atement med		Yes () No ()	N/A (X)	
6.6	Have all of the recommendations within the latest fire	ancial examination report been complied with	?				Yes () No ()	N/A (X)	
7.1	Has this reporting entity had any Certificates of Auth governmental entity during the reporting period?	ority, licenses or registrations (including cor	porate registra	ation, if applicable) su	spended or revo	oked by any	Yes () No (X)	
7.2	If yes, give full information								
8.1	Is the company a subsidiary of a bank holding comp	any regulated by the Federal Reserve Board?					Yes () No (X)	
8.2	If response to 8.1 is yes, please identify the name of	f the bank holding company.							
8.3	Is the company affiliated with one or more banks, the	rifts or securities firms?					Yes () No (X)	
8.4	If response to 8.3 is yes, please provide below the I [i.e. the Federal Reserve Board (FRB), the Office Commission (SEC)] and identify the affiliate's primary	of the Comptroller of the Currency (OCC), t	n office) of an	y affiliates regulated by posit Insurance Corpo	, a federal regul ration (FDIC) a	latory services agency and the Securities Exch	ange		
	1 Affiliate Name	2 Location (City, State)		3 FRB	4 OCC	5 FDIC	6 SEC		
9.1	Are the senior officers (principal executive officer, similar functions) of the reporting entity subject to (a) Honest and ethical conduct, including the eth (b) Full, fair, accurate, timely and understandal (c) Compliance with applicable governmental law (d) The prompt internal reporting of violations to (e) Accountability for adherence to the code.	ical handling of actual or apparent conflicts o ble disclosure in the periodic reports required is, rules and regulations;	f interest betw to be filed by t	reen personal and prof he reporting entity;	rforming essional relatior	nships;	Yes (X) No ()		
9.11	If the response to 9.1 is No, please explain:								
9.2	Has the code of ethics for senior managers been a	mended?					Yes () No (X)		
9.21	If the response to 9.2 is Yes, provide information r	elated to amendment(s).							
9.3	Have any provisions of the code of ethics been wai	ved for any of the specified officers?					Yes () No (X)		
9.31		•					100 () NO (A)		
,.•1		• · · · vI							

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

		I AIXI I	50111			KOGATORIEG		
				FIN	ANCIAL			
	Does the reporting entity report any a lf yes, indicate the amounts receivab			Page 2 of this	s statement?		Yes (X) No () \$ 452,368	
				INVE	STMENT			
11.1	Were any of the stocks, bonds, or of (Exclude securities under securities I	ther assets of the reporting entity loa lending agreements.)	aned, placed under	r option agre	eement, or otherwise	made available for use by another person	? Yes () No (X)	
11.2	If yes, give full and complete informa	ition relating thereto:						
12.	Amount of real estate and mortgages	s held in other invested assets in Sch	nedule BA:				\$	
13.	Amount of real estate and mortgages		iodaio Bi i.				\$	
	Does the reporting entity have any in-		nd affiliates?				Yes () No (X)	
	If yes, please complete the following:	•					() ()	
						1 Prior Year-End Book/ Adjusted Carrying Value	2 Current Quarter Book/ Adjusted Carrying Value	
	14.22 Preferred Stock					\$ \$ \$	\$ \$ \$	
	14.25 Mortgage Loans on Real E	state				\$ \$	\$ \$	
	14.27 Total Investment in Parent	, Subsidiaries and Affiliates (Subtota included in Line 14.21 to Line 14.26	al Line 14.21 to Lir	ne 14.26)		\$ \$ \$	\$ \$ \$	
15.1	Has the reporting entity entered into	any hedging transactions reported or	n Schedule DB?				Yes () No (X)	
15.2	If yes, has a comprehensive descript	tion of the hedging program been ma	ade available to the	domiciliary	state?		Yes () No ()	
	If no, attach a description with this st	tatement.						
16.	For the reporting entity's security lend	ding program, state the amount of th	he following as of c	current state	ment date:			
	16.1 Total fair value of reinvested c	collateral assets reported on Schedul	le DL, Parts 1 and	2			\$	
	. •	ralue of reinvested collateral assets r	reported on Schedu	ule DL, Part	s 1 and 2		\$	
	16.3 Total payable for securities ler	nding reported on the liability page					\$	
17.	Excluding items in Schedule E - Part safety deposit boxes, were all stocks or trust company in accordance with of the NAIC Financial Condition Exam	s, bonds and other securities, owned Section 1, III - General Examination	d throughout the cu	urrent year h	eld pursuant to a cus	e reporting entity's offices, vaults or stodial agreement with a qualified bank ns, Custodial or Safekeeping Agreements	Yes (X) No ()	
17.1	For all agreements that comply with t	the requirements of the NAIC Financi	ial Condition Exam	niners Handb	ook, complete the fo	ollowing:		
	1 Name of Custo	odian(s)				2 Custodian Address		
gan S	Stanley		100 North Ta	ampa Śtreet	Suite 3000, Tampa	, FL 33602		
•			•	•		the name, location and a complete explan	ation:	
	1 Name(s)	Loca	2 ation(s)			3 Complete Expla	nation(s)	_
17.3	Have there been any changes, include	ding name changes, in the custodian	n(s) identified in 17	7.1 during th	e current quarter?		Yes () No (X)	
17.4	If yes, give full and complete informa	ition relating thereto:						
	1 Old Custodian	2 New Custodian		3 Date of Char	nge	4 Reason		_
17.5	Investment management - Identify all reporting entity. For assets that are r	l investment advisors, investment ma managed internally by employees of	anagers, broker/d the reporting entity	lealers, incluy, note as si	uding individuals that uch. ["that have a	have the authority to make investment deccess to the investment accounts"; "ha	cisions on behalf of the ndle securities"]	
	1 Name of Firm or Inc	dividual	2 Affiliation					

Yes (X) No ()

Yes (X) No ()

 Gables Capital Management, Inc
 U

 Morgan Stanley
 U

 Merrill Lynch
 U

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
	Gables Capital Management, Inc Morgan Stanley Merrill Lynch			
18.1 Have all the filing requirements of the Purpo 18.2 If no, list exceptions:	oses and Procedures Manual of the NAIC Investment Analy	rsis Office been followed?	Yes (X) N	lo ()
By self-designating 5*GI securities, the rep a. Documentation necessary to permit a ful	orting entity is certifying the following elements for each se	elf-designated 5*Gl security		

Yes () No (X)

<sup>a. Documentation necessary to permit a fund relation analysis of the security does not exist.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5*GI securities?</sup>

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE MCNA INSURANCE COMPANY

GENERAL INTERROGATORIES PART 2 - HEALTH INTERROGATORIES

1.	Operating Percentages:	
	1.1 A&H loss percent	79.1 %
	1.2 A&H cost containment percent	%
	1.3 A&H expense percent excluding cost containment expenses	19.1 %
2.1	Do you act as a custodian for health savings accounts?	Yes () No (X)
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$
2.3	Do you act as an administrator for health savings accounts?	Yes () No (X)
2.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes (X) No ()
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes () No (X)

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE MCNA INSURANCE COMPANY

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NAIC Type of Certified Domiciliary Reinsurance Type of Reinsurer Ratin		′	J	4	3	2	.1
		Reinsurance	Domiciliary	N (0)	Effective	, ID	Company
Code Number Date Name of Reinsurer Jurisdiction Ceded Reinsurer (1 through 6)	I Reinsurer	Ceded	Jurisdiction	Name of Reinsurer	Date	Number	Code

AA-3160036 03/01/2012 RGA REINS CO (BARBADOS) LTD BRB QA/A/I
0199998 - Life & Annuity - Affiliates

0299998 - Life & Annuity - Non-Affiliates

0399998 - Accident & Health - Affiliates

0499998 - Accident & Health - Non-Affiliates

0599998 - Property/Casualty - Affiliates

0699998 - Property/Casualty - Non-Affiliates

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1				Direct Bus	iness Only			
	States, Etc.	Active Status (a)	2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1.	Alabama	L								
2. 3.	Alaska AK Arizona AZ	N								
4.	Arkansas AR	L			50,672,773				50,672,773	
5.	CaliforniaCA	L								
6.	Colorado	N								
7.	Connecticut	N								
8. 9.	Delaware DE District of Columbia DC	N N								
10.	Florida	N								
11.	Georgia GA	N								
12.	Hawaii HI	N								
13.	ldaho	L			42,159,556				42,159,556	
14. 15.	Illinois IL Indiana IN	L N								
16.	lowa IA	L			14,760,557				14,760,557	
17.	Kansas KS	N								
18.	Kentucky KY	N								
19.	LouisianaLA	L			. 128,981,172				. 128,981,172	
20. 21.	Maine ME Maryland MD	N N								
22.	Massachusetts MA	N								
23.	Michigan MI	L								
24.	Minnesota MN	N								
25.	Mississippi MS	N								
26. 27.	Missouri MO Montana MT	L N								
28.	NebraskaNE	L			41,367,648				41,367,648	
29.	Nevada NV	Ī								
30.	New Hampshire	N								
31.	New Jersey NJ	N								
32. 33.	New Mexico NM New York NY	N								
34.	North Carolina NC	N								
35.	North Dakota ND	N								
36.	Ohio	N								
37.	Oklahoma OK	L								
38.	Oregon OR Pennsylvania PA	N								
39. 40.	Rhode Island RI	N N								
41.	South Carolina SC	N								
42.	South Dakota SD	N								
43.	Tennessee	N								
44.	Texas TX Utah UT	L			. 430,765,290 802,331				. 430,765,290 802,331	
45. 46.	Utah UT Vermont VT	L N			802,331				802,331	
		N								
48.	WashingtonWA	L								
49.	West Virginia WV	N								
50. 51.	Wisconsin	N								
51. 52.	American Samoa AS	N N								
53.	Guam	N								
54.	Puerto RicoPR	N								
55.	U.S. Virgin Islands	N								
56. 57.	Northern Mariana Islands MP Canada CAN	N								
58.	Aggregate Other Alien	XXX								
59.	Subtotal	XXX			. 709,509,327				. 709,509,327	
60.	Reporting entity contributions for	V V V								
61	Employee Benefit Plans Total (Direct Business)	X X X X X X			709,509,327				709,509,327	
UI.	Total (Dilect Dusiliess)	^^^			. 100,000,321				. 100,000,32/	
DETAI	LS OF WRITE-INS									
58001.	LS OF WRITE-INS	XXX								
58002.		XXX	[
58003.	<u></u>	XXX								
58998.	Summary of remaining write-ins for Line 58 from	VVV								
58900	overflow pageTotal (Line 58001 through Line 58003 plus Line	XXX								
00000.	58998) (Line 58 above)	XXX								
	, ,									
			l	I	I	<u> </u>				

(a) Active Status Counts:		
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG E - Eligible - Reporting entities eligible or approved to write surplus lines in the state N - None of the above - Not allowed to write business in the state	 R - Registered - Non-domiciled RRGs Q - Qualified - Qualified or accredited reinsurer	

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

MCNA Health Care Holdings, LLC Holding Company System

MCNA Health Care Holdings, LLC

45-2542951

MCNA Insurance Company

14063 TX

52-2459969

Managed Care of North America, Inc.

52014 FL

65-0303864

MCNA Systems, Corp.

45-3641822

Other Affiliates

200 West Cypress Creek LLC

47-4939777

Sagax Technologies Limited

33-75511BH

Sierra Dental Plan, Inc.

82-3922528

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent , Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
4730	MCNA Group		45-2542951				MCNA Health Care Holdings, LLC	FL	UDP	Jeffrey Feingold, DDS	Ownership	100.000	Jeffrey Feingold, DDS	N	
	MCNA Group		45-3641822				MCNA Systems Corp	<u>FL</u>	DS	MCNA Health Care Holdings, LLC	Ownership	100.000	Jeffrey Feingold, DDS	N	
4730	MCNA Group	52014	65-0303864				Managed Care of North America , Inc	FL	DS	MCNA Health Care Holdings, LLC	Ownership	100.000	Jeffrey Feingold, DDS	N	
4/30	MCNA Group	14063	52-2459969				MCNA INS CO	IX	RE	MCNA Health Care Holdings, LLC	Ownership	100.000	Jeffrey Feingold, DDS	N	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

Bar Code:

Document Identifier 365:



SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 2. Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after ac 3. Current year change in encumbrances 4. Total gain (loss) on disposals 5. Deduct amounts received on disposals 6. Total foreign exchange change in book/ac 7. Deduct current year's other-than-temporal 8. Deduct current year's depreciation 9. Book/adjusted carrying value at the end of 10. Deduct total nonadmitted amounts 11. Statement value at end of current period (Line 9 minus Line 10)		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1	2
		Year To Date	Prior Year Ended December 31
1. 2.	Book value/recorded investment excluding accrued interest. December 31 of prior year. Cost of acquired: 2.1. Actual cost at time of acquisition 2.2. Additional investment made after a		
3. 4.	Capitalized deferred interest and other		
5. 6.	Unrealized valuation increase (decrease) Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8. 9.	Deduct amortization of premium and morte Total foreign exchange change in book val		
10.	Deduct current year's other-than-temporary impairment recognized		
11. 12.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) Total Valuation Allowance		
13.	Subtotal (Line 11 plus Line 12)		
14. 15.	Deduct total nonadmitted amounts Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year To Date	2 Prior Year Ended December 31
			2000
	Book/adjusted carrying value, December Cost of acquired:		
	2.1. Actual cost at time of acquisition .		
0	2.2. Additional investment made after a		
3 .	Capitalized deferred interest and other		
4.	Accrual of discount		
٦. د	Unrealized valuation increase (decrease) Total gain (loss) on disposals		
6. 7	Deduct amounts received on disposals		
	Deduct amounts received on disposals 1. Deduct amortization of premium and depre		
٥.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12	Deduct total nonadmitted amounts		
	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1. 2. 3. 4. 5. 6. 7.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year Cost of bonds and stocks acquired Accrual of discount Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct consideration for bonds and stocks disposed of Deduct amortization of premium Total foreign exchange change in book/adjusted carrying value Deduct current year's other-than-temporary impairment recognized		59,254,321 35,796 406,573 (172,590) 32,769,472 618,707
10. 11. 12. 13.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) Deduct total nonadmitted amounts Statement value at end of current period (Line 11 minus Line 12)		108,889,190

SIC

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	43,277,340		3,576,762			73,201,850 43,277,340	49,173,639	73,894,685 33,396,703
4. NAIC 4 (a) 5. NAIC 5 (a) 6. NAIC 6 (a)								
7. Total Bonds	116,479,190	14,441,842	17,105,917	181,530	112,517,976	116,479,190	113,996,645	107,291,388
PREFERRED STOCK								
8. NAIC 1 9. NAIC 2 10. NAIC 3 11. NAIC 4	1,595,337			7,747 (58,649)		987,936 1,595,337	995,683 1,536,688	659,778 1,093,270
12. NAIC 5. 13. NAIC 6.								
14. Total Preferred Stock	2,583,273			(50,903)	1,882,845	2,583,273	2,532,370	1,753,048
15. Total Bonds & Preferred Stock	119,062,463	14,441,842	17,105,917	130,627	114,400,821	119,062,463	116,529,015	109,044,436

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	1,175,031	XXX		4,693	4,275

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value, December 31 of prior year	155,245	
2. Cost of short-term investments acquired	9,476,408	798,903
3. Accrual of discount		9,302
4. Unrealized valuation increase (decrease)	(289)	712
5. Total gain (loss) on disposals	(1,094)	(1,088)
6. Deduct consideration received on disposals	8,484,568	
7. Deduct amortization of premium	6,986	10,417
8. Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)		155,245
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		155,245

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1.	Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year)	
2.	Cost Paid / (Consideration Received) on additions	
3.	Unrealized Valuation increase / (decrease)	
4.	Total gain (loss) on termination recognized	
5.	Considerations received/ (paid) on terminations	
6.	Amortization	
7.	Adjustment to the Book/Adjusted Carrying Valu	
8.	Total foreign exchange change in Book/Adjusted Contyring Talloo	
9.	Book/Adjusted Carrying Value at End of Current Period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus Line 5 plus Line 6 plus Line 7 plus Line 8)	
10.	Deduct nonadmitted assets	
11.	Statement value at end of current period (Line 9 minus Line 10)	
	SCHEDULE DB - PART B - VERIFICATI Futures Contracts	ON
1.	Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)	
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)	
	Add:	
• • •	Change in variation margin on open contracts - Highly Effective Hedges	
	3.11 Section 1, Column 15, current year to date minus	
	3.12 Section 1, Column 15, prior year	
	Change in variation margin on open contracts - All Other	
	3.13 Section 1, Column 18, current year to date minus	
	3.14 Section 1, Column 18, prior year	
3.2	2 Add:	
	Change in adjustment to basis of hedged i	
	3.21 Section 1, Column 17, current year to c	
	3.22 Section 1, Column 17, prior year	
	Change in amount recognized	
	3.23 Section 1, Column 19, current year to date minus	
	3.24 Section 1, Column 19, prior year	
3.3	Subtotal (Line 3.1 minus Line 3.2)	
	Cumulative variation margin on terminated contracts during the year	
	Less:	
	4.21 Amount used to adjust basis of hedged item	
	4.22 Amount recognized	
4.3	Subtotal (Line 4.1 minus Line 4.2)	
5.	Dispositions gains (losses) on contracts terminated in prior year:	
	5.1 Total gain (loss) recognized for terminations in prior year	
	5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	

6. Book/Adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3.3 minus Line 4.3 minus Line 5.1 minus Line 5.2)
 7. Deduct total nonadmitted amounts
 8. Statement value at end of current period (Line 6 minus Line 7)

Page SI05
Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open NONE

Page SI06
Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open NONE

Page SI07
Schedule DB, Verification
NONE

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value , December 31 of prior year		
2. Cost of cash equivalents acquired	64,577,422	100,026,587
3. Accrual of discount		8,089
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	(9,669)	(185)
6. Deduct consideration received on disposals	61,968,146	98,385,462
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		1,649,030
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	4,261,417	1,649,030

Page E01
Sch. A, Pt. 2, Real Estate Acquired
NONE

Sch. A, Pt. 3, Real Estate Disposed **NONE**

Page E02

Schedule B, Part 2, Mortgage Loans Acquired NONE

Schedule B , Part 3 , Mortgage Loans Disposed **NONE**

Page E03
Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed $\bf NONE$

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
	ecial Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities				•				
	FNR 13104A JA - CMO/RMBS		07/25/2018	Morgan Stanley			366,905.90	887	1
3136AG-UB-6	FNR 13100D DH - CMO/RMBS		07/25/2018	Morgan Stanley			212,313.82	513	1
3137AJ-BR-4	FHR 3958D DL - CMO/RMBS		08/15/2018	Morgan Stanley			151,683.18	240	
313/AJ-YX-0	FHR 3977C AD - CMO/RMBS al - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agen	oice and Auth	08/13/2018	worgan Stanley		004 040		4 ==0	1
3 199999 - Subtota	ai - Donus - 0.5. Special Revenue and Special Assessment and an Nort-Guaranteed Congations of Agen	icies and Auti	ioniles of Go	verificents and Their Political Subdivisions		004,040	000, 140.94		
	l and Miscellaneous (Unaffiliated)								
00507V-AL-3	ACTIVISION BLIZZARD INC		08/09/2018	Morgan Stanley			115,000.00	482	2FE
035242-AJ-5	ANHEUSER-BUSCH INBEV FINANCE INC		08/06/2018	Morgan Stanley		143,467	145,000.00	75	1FE
04010L-AU-7				Unkňown			350,000.00	1,259	2FE
042735-BC-3	ARROW ELECTRONICS INC		07/19/2018				352,000.00	6,116	2FE
052769-AD-8	AUTODESK INC		07/18/2018	Unknown			300,000.00	1,240	
05541T-AH-4	BGC PARTNERS INC		09/04/2018	Unknown			350,000.00	4,933	
05541T-AK-7	BGC PARTNERS INC		09/24/2018				425,000.00		2FE
06051G-GY-9	BANK OF AMERICA CORP		09/04/2018	Morgan Stanley		172,365	175,000.00	572	1 <u>FE</u>
093662-AE-4	BLOCK FINANCIAL LLC		07/23/2018	Unknown		519,770	500,000.00	6,417	
127387-AL-2	CADENCE DESIGN SYSTEMS INC		07/20/2018				500,000.00	6,016	
22966R-AB-2	CUBESMART LP						570,000.00		
337915-AA-0	FIRSTMERIT CORP						790,000.00	16,514	
38150A-AS-4	GOLDMAN SACHS GROUP INC SER N MED TERM N		0//31/2018	Unknown			780,000.00		1FE
44106M-AQ-5	HOSPITALITY PROPERTIES TRUST		09/07/2018	Unknown			455,000.00		
44106M-AW-2	HOSPITALITY PROPERTIES TRUST		09/07/2018	Unknown			350,000.00		
472319-AL-6	JEFFERIES GROUP INC		09/27/2018	Unknown			400,000.00	4,043	
482480-AD-2	KLA-TENCOR CORP		07/11/2018	Unknown			300,000.00		
521865-AV-7	LEAR CORP		08/08/2018	Unknown			750,000.00	16,237	2FE
53944Y-AA-1	LLOYDS BANKING GROUP PLC		07/11/2018	Unknown			500,000.00	4,313	ZFE
57385L-AA-6	MARVELL TECHNOLOGY GROUP LTD		08/22/2018	UNKNOWN		201,723	200,000.00	1,447	2FE
610335-20-0	MONROE CAPITAL CORP			Unknown			750,000.00	4 040	L
615369-AG-0 785592-AE-6	MOODY'S CORP		00/09/2018	Morgan Stanley		225,584	230,000.00	1,019	∠Γ⊑ ЭГГ
785592-AE-6 80349A-50-5	SABINE PASS LIQUEFACTION LLC		09/21/2018	Morgan Stanleý			270,000.00 408,750.00	2,278	∠Γ⊑ 7
	TANGER PROPERTIES LIMITED PARTNERSHIP		00/24/2010	UNKNOWN		436.472	450,000,00	2 275	Z
875484-AH-0 94973V-BJ-5	ANTHEM INC		00/10/2010	UIINIUWII			450,000.00	3,375	
	al - Bonds - Industrial and Miscellaneous (Unaffiliated)		00/22/2010	Unknown			500,000.00		ZF⊑
	, ,					,		91.562	
0399991 - 20DIOI3	al - Bonds - Part 3					11,834,52/	11,720,896.94	91,562	
8399999 - Subtota	al - Bonds					11,834,527	11,720,896.94	91,562	
9999999 - TOTAL	S					11.834.527		91.562	

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10		Change In I	Book/Adjusted Ca	arrying Value		16	17	18	19	20	21	
JSIP ntifi- tion	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization) / Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractu Maturity Date	d tual
	IR 14180D EP - CMO/RMBS		09/01/2018	Paydown			97,493.68 97,493.68	97,159 97,159									306	306	672 672	04/20/204	43
)-BG-6 PE	Governments TROLEOS MEXICANOS	C	07/27/2018	Morgan Stanley		129,145 129,145	. 135,000.00	125,460 125,460	132,165 132,165	(4,655) (4,655)			(3,886) (3,886)		128,279		866 866	866 866	4,725 4,725	01/30/202	23
P-X8-5 ALA -AE-4 CAS	ecial Revenue and Special Assessme ISKA MUN BD BK ALASKA MUN BD BK AUT S 14C02A 1M1 - CMO S 18C02 2M1 - CMO		09/01/2018	ed Obligations of Agencies and Authorities of Maturity @ 100.00 Paydown Paydown		155,000	Subdivisions . 155,000.00 47,710.31 55,048.59	181,717 47,814 55.049	158,438 47,879	504 (89)			(150)		155,000 47,729 55,049		(18)	(18)	788	09/01/201 05/25/202 08/25/203	18 24
CZ-5 CAS DP-6 CAS EK-6 CAS	S 16C04 1M1 - CMO S 16C06 1M1 - CMO S 17C01 1M1 - CMO S 17C05 1M1 - CMO		09/25/2018 09/25/2018 09/25/2018			19,365 43,874 10,968	19,365.17 43,874.06 10,967.81 84,593.45	19,583 44,284 11,019 84.608	19,553 44,376 11,080 30,055	(98) (326) (84) (38) 534	(90)		(188)		19,365		(82) (10) (23)	(82)	389 864 227	01/25/202 04/25/202 07/25/202 01/25/203	29 29 29
YT-1 FH RX-6 FH Y2-7 FNI	G08721 - RMBS Q46801 - RMBS R 1189B BA - CMO/RMBS		09/01/2018 09/01/2018 09/01/2018	PaydownPaydown		17,702 35,715 3,896	17,702.50 35,715.49 3,895.53 17,657.72	18,300 37,803 3,919 17,810	17,727 37,413 3,906	261					43,900 10,978 84,616 18,248 37,587 3,913 17,749		(546) (1,872) (17)	(546) (1,872) (17)	313 824 59	09/01/204 03/01/204 11/25/202 12/25/202	146 147 125
SU-7 FNI JB-6 FNI 3H-2 FHI	R 13104A JA - CMO/RMBS R 13100D DH - CMO/RMBS		09/01/2018 09/01/2018 09/01/2018	Paydown Paydown Paydown Paydown Paydown		13,524 4,856 16,644	13,523.76 4,855.94 16,643.90 6,599.73	13,498 4,839 16,833 6,609	16, 491	294	(17)		277		17,749 13,498 4,839 16,769 6,609				18	12/25/202 12/25/203 09/25/203 03/15/202 09/15/202	30 31 26
-6 FHI -1 FN -1 FN	R 3977C AD - CMO/RMBS AM6527 - RMBS AM6527 - CMBS/RMBS AS4992 - RMBS		09/01/2018 08/01/2018 09/01/2018			4,213 1,751 857	4,213.39	4,219 1,787 875 7,517	1,752 857 7,410		(4)		8		4,219 1,759 860		(5) (8)	(5) (8) (3) (306)	13	09/15/202 08/01/201 08/01/201 05/01/204	129 119 119
Y-1 FN Z-8 FN 4-0 FN	AS6190 - RMBS AS6191 - RMBS AS8126 - RMBS AY5322 - RMBS	· · · · · · · · · · · · · · · · · · ·	09/01/2018 09/01/2018 09/01/2018	PaydownPaydown		15, 159 20, 049 19, 597	15, 158.60 20,049.34 19,596.67 10,332.65	15,783 20,890 20,238 10,506	15,616 20,654 20,161		(5) (7) (17)				7,500 15,740 20,831 20,211 10,480		(581) (782) (615)	(306) (581) (782) (615)	303 413 404	11/01/204 11/01/204 10/01/204 04/01/203	145 145 146
(G-1 FN S-1 FNI S-1 FNI	AZ4794 - RMBS		09/01/2018 08/25/2018 09/01/2018	Paydown Paydown Paydown Paydown Paydown			7,407.18 262.53 4,109.94 1,445.01	7,696 260 4,134 1,584	7,561 262 4,120	97					7,650 263 4 108		(243)	(243)		10/01/203 12/25/201 09/25/202	30 18 20
F-6 FN E-8 FN G-6 FLC	MA2541 - RMBS	 	09/01/2018 09/01/2018 07/01/2018	Paydown Paydown Maturity @ 100.00 Maturity @ 100.00		18,753 14,426 500,000	18,753.18 14,426.10 500.000.00	19,184 14,766 504 270	18,733 14,819 500,175 482.695	393 (71) 333	(12) (12) (508) (7,670)		(83)		1,494 19,113 14,737 500,000 475,000		(360) (311)		275 297 10,535	02/01/203 02/01/204 07/01/201	131 147 118
AJ-8 MET - Subtota	TROPOLITAN TRANSN ALITH N Y SPL O	BLI nd Special A	06/29/2018 ssessment ar	Unknown d All Non-Guaranteed Obligations of Agencie	es and												(6,160)		1,434	09/01/201 07/01/202	
D-2 AM G-1 BP	l and Miscellaneous (Unaffiliated) IERICAN TOWER CORP CAPITAL MARKETS PLC	C	08/29/2018 09/26/2018	Maturity @ 100.00		120,000	. 650,000.00	678,424		34	(255)		(790) (221)		677,634		3,536		17,694 2,689	09/26/201	118
IC-1 STA	RRICK NORTH AMERICA FINANCE LLC ACR 18HQA1 M1 - CMO TH THIRD BANK		09/25/2018	VARIOÚŠ Paydown Call @ 100.00		12,298	. 240,000.00 . 12,297.60 . 250,000.00	255,502 12,315 249,958	254,042	1,151	(2.331)		(1,180) 8 (292)		252,863 12,324 250,000		(12,863)	(26)	85	05/30/202 09/25/203 08/20/201	30

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10 Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	Designation or Market Indicator (a)
345397-XW-8 345397-YL-1 34540T-RB-0 34540T-TE-2 437076-BB-7 444859-BD-3 59156R-AT-5 824348-AR-7	strial and Miscellaneous (Unaffiliated) (con FORD MOTOR CREDIT COMPANY LLC FORD MOTOR CREDIT COMPANY LLC FORD MOTOR CREDIT COMPANY LLC FORD MOTOR CREDIT COMPANY LLC HOME DEPOT INC HUMANA INC METLIFE INC SHERWIN-WILLIAMS CO btotal - Bonds - Industrial and Miscellaneous		08/30/2018 09/06/2018 08/31/2018 09/10/2018 08/29/2018 08/15/2018 08/29/2018	Unknown Unknown Unknown Unknown Maturity @ 100.00 Unknown VARIOUS Unknown		387,985 183,735 485,985 50,000 498,910 128,072 240,513	400,000.00 200,000.00 500,000.00 50,000.00 500,000.00 125,000.00 250,000.00	405,939 199,265 499,515 49,930 495,825 148,152 256,440	404,632 199,088 50,143 132,815 253,965	(152) (152) 39 2,412			(196) 249 18 (143) 183 (4,292) 1,894		128,522 255,859		(16,451) (15,602) (13,548) (13,548) (13,522) (3,522) (15,347)	(16,451) (15,602) (13,548) 2,902 (3,522) (15,347)	12,466 5,706 4,056 1,125 8,021 12,718 9,344	03/28/2022 06/20/2027 06/20/2023 09/10/2018 10/01/2024 02/15/2019 08/01/2025	2FE 2FE 2FE 1FE 1FE
8399997 - Su	btotal - Bonds - Part 4					5,786,182	. 5,813,501.67	5,984,116	3,968,623	7,843	(23,860)		(16,017)		5,874,664		(101,811)	(101,811)	170,782		
8399999 - Su	btotal - Bonds					5,786,182	. 5,813,501.67	5,984,116	3,968,623	7,843	(23,860)		(16,017)		5,874,664		(101,811)	(101,811)	170,782		
9999999 - TC	TALS					5,786,182		5,984,116	3,968,623	7,843	(23,860)		(16,017)		5,874,664		(101,811)	(101,811)	170,782		

Page E06 Schedule DB, Part A, Section 1 NONE

Description of Hedged Risk (s) **NONE**

Financial or Economic Impact of the Hedge NONE

Page E07

Schedule DB, Part B, Section 1 NONE

Schedule DB, Part B, Section 1, Broker Name NONE

Schedule DB, Part B, Description of Hedged Risk (s) NONE

Schedule DB, Part B, Financial or Economic Impact of the Hedge **NONE**

Page E08 Schedule DB, Part D, Section 1 NONE

Page E09

Schedule DB, Part D, Section 2, By Reporting Entity **NONE**

Schedule DB, Part D, Section 2, To Reporting Entity **NONE**

Page E10

Schedule DL, Part 1

Page E11

Schedule DL, Part 2 NONE

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE MCNA INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

	1	2	3	4	5	Book Balance at End of Each Month During Current Quarter				
	Depository		Rate of	Amount of Interest Received During	Amount of Interest Accrued at Current	6	7	8		
Name	Location and Supplemental Information	Code	Interest	Current Quarter	Statement Date	First Month	Second Month	Third Month		
Open Depositories		'		•						
Bank of America #5526	. Houston, Texas		0.710	1,450		1,230,544	1,230,909	1,231,628		
BankUnited Operating #5053	. Miami, Florida					(175,431)	54,611	1,677,159		
BankUnited Claims #6846	. Miami, Florida									
BankUnited MM #5541	. Miami, Florida									
BankUnited Reinsurance #2738	. Miami, Florida									
BankUnited Claims #8374	. Miami, Florida					(269,769)	(463,410)	(390, 111)		
BankUnited Claims #4907										
BankUnited Claims #3814	. Miami, Florida									
BankUnited NE Claims #6466							(153, 143)			
BankUnited NE Holdback #7079	. Miami, Florida									
3ankUnited AR Claims #1039	. Miami, Florida					(579,926)	(509,836)	(717,058)		
BankUnited UT Claims #6404	. Miami, Florida							(98,242)		
RBC Investor Services								543,954		
	depositories that do not exceed the allowable limit in any one									
Instructions) - Open Depositories						(835,324)	(143,061)	(82,391)		
)199999 - TOTAL - Open Depositories				168,344		38,616,406	14,488,234	14,952,917		
0399999 - TOTAL Cash on Deposit				168,344		38,616,406	14,488,234	14,952,917		
0599999 - TOTALS				168.344		38 616 406	14 488 234	14 952 917		

STATEMENT AS OF SEPTEMBER 30, 2018 OF THE MCNA INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP Identification	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due and Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds 123456-79-0 RBC BAI	NK DEPOSIT PROGRAM		9/28/2018	0.100		2,796,154		628
990284-91-1 MERRILI			9/28/2018 9/28/2018					2,268
8699999 - All Other Money Market Mutu	ual Funds					4,261,418		2,901
8899999 - Total Cash Equivalents						4,261,418		2,901